

# STATE OF MONTANA



Prepare, sign and submit with the proper filing fee.

This is the minimum information required

(This space for use by the Secretary of State only)

APPLICATION for  
AMENDED CERTIFICATE of AUTHORITY  
of FOREIGN CORPORATION

**MAIL:** **LINDA McCULLOCH**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406) 444-3665  
**FAX:** (406) 444-3976  
**WEB SITE:** [sos.mt.gov](http://sos.mt.gov)

**Filing Fee: \$15.00**

- ☐ 24 Hour Priority Filing Add \$20.00  
☐ 1 Hour Expedite Filing Add \$100.00

For the purpose of amending its original application for certificate of authority with the State of Montana to transact business or conduct affairs in Montana, according to [35-1-1029, MCA](#) (profit) or [35-2-823, MCA](#) (nonprofit), the undersigned submits the following statements of fact to the Secretary of State and attaches an **ORIGINAL, currently dated Certificate of Existence** duly certified and issued by the Secretary of State of the State of its jurisdiction with the Great Seal affixed.

1. A certificate of authority was issued to the corporation by the Secretary of State of Montana on \_\_\_\_\_,  
(Mo/Day/Year)  
authorizing it to transact business or conduct affairs in Montana under the current name of \_\_\_\_\_.

If the document is hand written, please print legibly or the application may be denied.

2. The corporate name has been changed to: \_\_\_\_\_.  
If for profit, the name must contain "corporation", "company", "incorporated", "limited", or abbreviation of such.

3. Its period of duration has changed from: \_\_\_\_\_ to: \_\_\_\_\_.

4. Its state or country of jurisdiction has changed from: \_\_\_\_\_ to: \_\_\_\_\_.

5. If the corporation was involved in a merger or consolidation, the name of the surviving corporation is: \_\_\_\_\_.

Both entities must be qualified.

6. If a nonprofit corporation, its designation has changed from: \_\_\_\_\_ to: \_\_\_\_\_.  
Either Public Benefit Corporation, Mutual Benefit Corporation or Religious Corporation

The execution of any document required to be filed with the Secretary of State constitutes an affirmation, under penalties of false swearing, by each person executing the document that the facts stated therein are true ([35-1-428, MCA](#)).

\_\_\_\_\_  
Signature of Officer/Chairman of the Board

\_\_\_\_\_  
Title Date (Mo/Day/Year)

Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

## PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.